



South Coast Air Quality Management District

21865 Copley Drive, Diamond Bar, CA 91765-4178 1-800-CUT-SMOG www.aqmd.gov

ASBESTOS SURVEY REPORT CHECKLIST

Rev 06/8/11

Inspection Date:	Notification #:	Survey Purpose	Limited Survey	Thorough Survey
Contractor Name:		Class ID#:	Contact Name:	Phone:
Site Address:		City:	State:	Zip:
Survey Conducted By:		Phone:	Class ID#:	

Rule 1403	Asbestos Survey Documentation Requirements*	40CFR763	In Compliance	Misc.
d1A	Thoroughly inspected the facility for ACM and assumed ACM where the demolition/renovation will occur	85a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d1A	Identified all friable and nonfriable types of ACM and assumed ACM	85a4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d1A	Quantified all the friable and nonfriable ACM and assumed ACM		<input type="checkbox"/> Yes <input type="checkbox"/> No	
iii	Submitted a CAC signed survey report with the company logo/headings and contact information	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(I)	Documented the name, address and phone # of the person(s) that performed the inspection(s)	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(II)	Documented the OSHA certificate # of the person(s) that performed the inspection(s)	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(III)	Documented the dates the survey was performed	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(IV)	Listed the sample location and description and prepared a sketch & sample chain of custody	85a4viB	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(V)	Documented the name, address and phone # of the lab used for sample analysis	87d	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(VI)	Documented the NVLAP approval # of the lab used for sample analysis	87a	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(VI)	Documented the sampling protocols (763.86) and lab test methods used for asbestos analysis (763.87)	86 & 87	<input type="checkbox"/> Yes <input type="checkbox"/> No	
(iii)(VIII)	Described the facility included any structural damage (fire, demo, partial reno, etc)	-	<input type="checkbox"/> Yes <input type="checkbox"/> No	
iv	Provided proof of Cal/OSHA certification as a Certified Asbestos Consultant (CAC)	85a4viA	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h1	Sampled the suspect ACM in accordance with the AHERA inspection protocol	86	<input type="checkbox"/> Yes <input type="checkbox"/> No	
-	Assessed the ACM condition for damage type and rating in percent	85a4v	<input type="checkbox"/> Yes <input type="checkbox"/> No	
h2	Analyzed samples at a NVLAP lab by PLM or SCAQMD Method 300-91	87	<input type="checkbox"/> Yes <input type="checkbox"/> No	
-	Included a table summary of findings listing all ACM and non-ACM materials	85a4B	<input type="checkbox"/> Yes <input type="checkbox"/> No	

* Please see 40CFR763 Subpart E, B&P7180, and R1403d1A for minimum survey requirements

Comment:			
Reporting Inspector:	Date:	Reviewing Supervisor:	Date: